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COVER LETTER

TO: Registration Se Division of Cor		•	
	ADING, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAFAEL BOGNAR COR	DEIRO	
		Name of Person	
	TREE TRADING, LLC		
		Firm/Company	 _
	6995 NW 82ND AVENUI	E, STE 36	_
		Address	
	MIAMI, FL 33166		
		City/State and Zip Code	
	rafaelcordeiro@qlzasset.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	17
MARLEN BACERIO		305 273-8008	, .
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of 1	
	··	244533 54	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION **OF**

TREE TRADING, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/25/2018 and assign-Florida document number L15000075252 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 6995 NW 82ND AVE, STE 36 Enter new principal offices address, if applicable: MIAMI, FL 33166 (Principal office address MUST BE A STREET ADDRESS) 6995 NW 82ND AVE, STE 36 Enter new mailing address, if applicable: MIAMI, FL 33166 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered. agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Ac
CEO	MARCO AURELIO MONTEIRO TUOTO	AV. SETE DE SETEMBRO	□Add
		4214 - 4TH FLOOR	≣Remove
		CURITIBA - BRAZIL, PARANA 80250-210 BR	□Change
MGR	RAFAEL BOGNAR CORDEIRO	6995 NW 82ND AVE, STE 36	= Add
		MIAMI, FL 33166	□Remove
	AFFONSO GRANDMASSON		□Change
MGR	FERREIRA CHAVES NETO	6995 NW 82ND AVE, STE 36	≣ Add
		MIAMI, FL 33166	
		. #1 #10 	
		F	:: □Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Filing Fee: \$25.00